

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3148

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution 1216 Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 yrs.
In this community 51 yrs.
years, months or days

3. (a) PRINT FULL NAME Anna Mary Mave

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John P. Mave 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Feb. 25 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Berlin France
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Wm Perron
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Helm
(b) Address Lexington, Mo

17. (a) Burial (b) Date thereof 2-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director W. W. Wicks
(b) Address Lexington, Mo

19. (a) 2-6-1941 (b) Delia E. Bator
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1941 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 29
1941, to Jan 31, 1941.
that I last saw her alive on Jan 30, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis 92e
Myocarditis 93e

Due to —

Due to —

Other conditions 92e
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature — (M. D. or other) —
Address Lexington Date signed 2/6/41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-11-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2983

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.